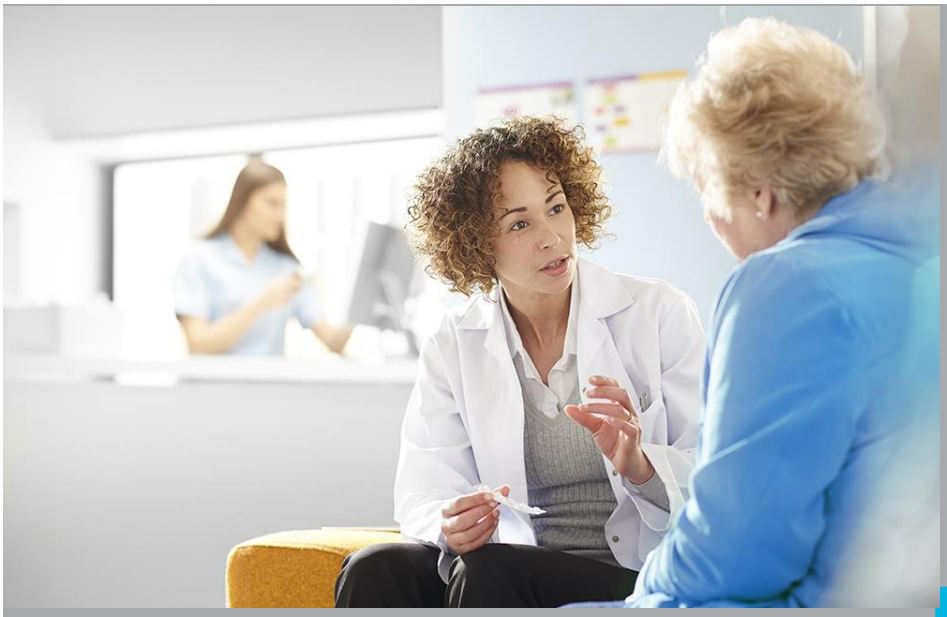
Behavioral Health Provider Orientation



SummaCare®

Who We Are

Founded in 1993 and headquartered in Akron, Ohio, SummaCare is a regional, provider-owned health plan serving Medicare Advantage, individual, self-funded and fully-funded employer group members. SummaCare is committed to improving the health and wellness of our communities by offering high-quality, affordable health coverage paired with a strong provider network.

With over 60,000 members, we serve a 31 –county region across Northern Ohio, ensuring quality healthcare access. Our network includes more than 7,000 providers and over 70 hospitals supported by a dedicated team of over 300 employees.

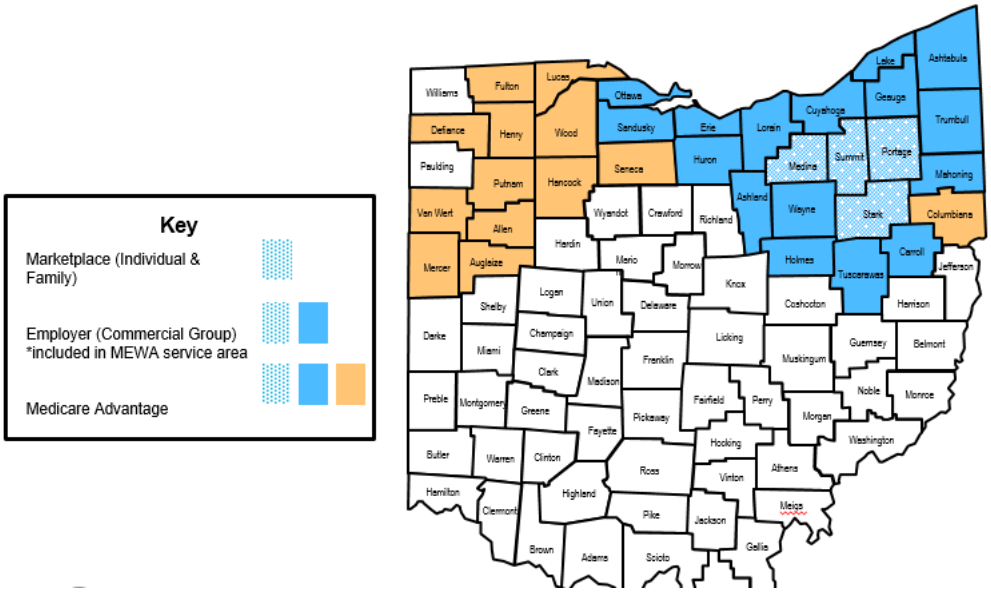
Apex Health Solutions

SummaCare manages the administration of all fully insured product lines but in 2001, Apex Health Solutions was established to provide benefit administration services for self-funded employers. Today both SummaCare and Apex Health Solutions operate as wholly owned subsidiaries of Summa Insurance Company and provide services to meet the needs of clients and employers, both fully insured in Ohio and self- funded locally.

Self- Funded Plans administered by Apex Health Solutions

City of Kent	Summa Health
Community Health Care	Summa Home Health
County of Summit	Captive Groups: 48 HR Books
Goodyear	Huntington
Pioneer Physicians Network	

The SummaCare Service Area



This map provides a breakdown of the regions where SummaCare offers coverage across Northern Ohio.

- The light blue striped areas represent Marketplace (Individual and Family) plans available in 4 select counties.
- The solid blue areas indicate counties covered under Employer (Commercial Group) plans and also Multiple Employer Welfare Arrangement (MEWA) plans which includes a group of small employers who combine their money in order to have access to lower cost benefit plans for their employees.
- The orange- colored counties designate our Medicare Advantage service area.

SummaCare®

SummaCare Product Lines

SummaCare offers the following health insurance products to meet the needs of various populations:

Medicare Advantage Plans: SummaCare offers various Medicare Advantage plans for individuals 65 and older and also group retirees. For more info regarding our Medicare Advantage plans click the following link: **Summacare Medicare**

Fully Insured Group Plans: Our fully-insured group plans are offered to employers of various sizes, including Small Groups under the Small Business Health Options Program and also large employer groups. Click the following link for more information regarding our commercial fully insured plans: **Employer Groups**

Individual & Family Plans: For those under 65, we offer **Individual & Family Plans**, which are available on and off the Marketplace. **Individual Plans**

Self-Funded Plans: We also offer Self-Funded plans, which include options for large groups and Multiple Employer Welfare Arrangement (MEWA) plans, specifically designed for small businesses through the local chambers of commerce. You can locate more information regarding these plans on the SummaCare website at. **Self-Funded Plans**

SummaCare®

SummaCare Networks

As a contracted SummaCare provider, your practice *may not* participate in every network. Please check your contract to confirm network participation, or confirm each physician's participation by using our online Provider Search located on our website at **www.summacare.com**.

SCMedicare	NewHealthConnect Summa Health	
SCPremier	NewHealthConnect Summa Home Health	
SCSelect	NewHealthConnect Pioneer	
SCConnect	Mercy Choice	Preferred Choice

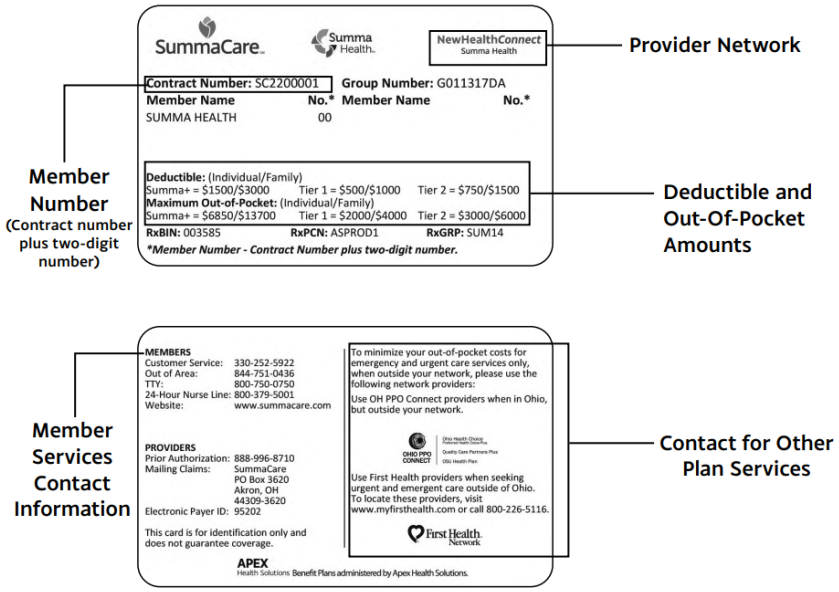
The following networks could be excluded from your contract based on the reasons below.

The NewHealthConnect networks are self-funded employer designed networks. This means the employer selects which providers and facilities are included.

Preferred Choice is a limited PPO network and participation is limited.

The SCConnect network is a PPO network available on and off the Health Insurance Marketplace. Participation is by invitation only and is limited to providers located in Summit, Stark, Wayne and Medina counties.

Once again, we encourage you to verify your participation status in each network and to review contract details or contact SummaCare Provider Support Services at 330.996.8400 or your assigned Provider Engagement Specialist.



Sample ID Card

SummaCare®

SummaCare Website

Please visit www.summacare.com and explore the Provider's Section for the latest policies, the provider manual, provider news, previous webinars, access to Plan Central and more. Our portal offers a wide range of resources designed to support your office or facility. Be sure to check the site regularly for new information and updates.

You can find many valuable resources on the website under the Providers tab.

SummaCare Website Resources

Access to Plan Central

Provider Manual

Provider Policies

Provider News

Become a Network Provider

BetterDoctor

EDI & HIPPA

Find a Network Provider

Health Services, Clinical Practice Guidelines, Quality Management and more……..

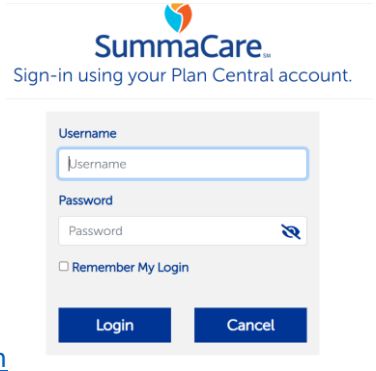
Plan Central Provider Portal

The Plan Central portal is where you can access member eligibility, benefits, authorization and claim status, retrieve explanation of payments, and look up codes to see if they require prior authorization and much more. You can access Plan Central through the Summacare website or by logging on to www.summacare.com/plancentral.

Online access to review pertinent information:

- **Eligibility:** allows providers to search up to 35 members at once
- **Family Summary:** lists all family members enrolled on the plan
- **Coordination of Benefits Status:** shows whether SummaCare is the primary or secondary payer
- **Benefits:** view copay/coinsurance/deductible and additional plan details
- **Benefit Accumulators:** see how much has been applied to the deductible or out of pocket
- **Claim Status/History:** review the status of claims that were submitted by your office
- **Claim Entry:** the ability to submit a claim
- **EOP Access:** ability to print your Explanation of Payments (EOP)
- **Authorization Inquiry:** view the status of authorizations for your office
- **Online Authorization Request:** capabilities for all services
- **Prior Authorization Code Look Up:** look up CPT/HCPC codes to determine if prior authorization is required
- **CES – Claim Editing Software:** CES will provide you with the logic for code edits
- **Benefit Balances:** determine whether a member has used a specific benefit *(e.g. vision exam, chiropractic visits, PT/OT)*

If you do not have a username and password, please request access by clicking on the Provider Registration link and login information will be emailed to you within 24 hours.



www.summacare.com/plancentral.com

SummaCare

Prior Authorization Requests

Prior authorization requests must be submitted 48 hours prior to the service being rendered. Failure to request approval will result in a denial with no member liability. Also, approval is based on plan benefits and medical necessity.

Requests may be submitted online at Plan Central- Plan Central Access or via Fax.

Click here to view the Prior Authorization list: SummaCare Prior Authorization Info for Providers

Behavioral Health Services requiring Prior Authorization

Applied behavioral analysis (ABA), behavioral health inpatient hospital services. Please verify visit or hour limitations under the enrollees plan benefit tab in the Plan Central portal for ABA services.

Currently referrals are not required for enrollees to receive services from a behavioral health provider.

Prior Authorization Fax Numbers

Inpatient Services: **234.542.0811**

Hi Tech Radiology, Genomic Testing, Medical and Radiation Oncology: **800.540.2406** (managed by Evicore)

All Other Requests: **234.542.0815**

Urgent requests only, please call 330.996.8710.

Please utilize Plan Central to check the status of a prior authorization.

Coordination of Care

As part of our requirements for Health Plan Accreditation, SummaCare values care coordination, and conducts an annual review and analysis of the continuity and coordination of care between medical and behavioral healthcare providers. The following areas of collaboration are evaluated:

- Exchange of information between behavioral health care and primary care practitioners and other relevant medical delivery system practitioners or providers.
- Appropriate diagnosis, treatment and referral of behavioral health disorders commonly seen in primary care.
- Appropriate use of psychotropic medications.
- Management of treatment access and follow-up for patients with coexisting medical and behavioral disorders.
- Primary or secondary preventive behavioral healthcare program implementation.
- Special needs of members with severe and persistent mental illness.

Your attention to these opportunities for collaboration would be greatly appreciated.

Quality Management

Psychiatrists may access the following Behavioral Health recommendations at

Behavioral Health | Quality Management | Providers | SummaCare for:

Coordination of Care

Discharge Summaries

Anti-Depressant Medication Management (AMM HEDIS measure)

Medical Consults

Diabetes Screening for patients prescribed anti-psychotic medicines for schizophrenia and bipolar

Claim Submission

For electronic claim submission use payer ID number 95202 for SummaCare Medicare and Fully Insured Plans. For the Apex Health Solutions Self-funded plans, use payer ID number 34196.

All claims must be submitted within **365 calendar days** from the date of service.

Timely submission helps ensure efficient processing and payment of your claims. Claims received after the 365 –day window will be denied, unless there is a valid and documented exception, such as retroactive eligibility.

To avoid unnecessary denials:

- Please verify member eligibility prior to services being rendered.
- Submit claims as early as possible.

We do ask that you adopt electronic remittance and payments to reduce the amount of paper received in your office and to automate payment posting. Paper EOP's and checks can be obtained through Plan Central. Please talk with your Provider Engagement Specialist to locate this information online if you need assistance.

Electronic Data Interchange

In order to sign up for electronic data interchange, click on the EDI and HIPAA link under the Provider Manual tab on **summacare.com**. You may also access the forms here: EDI and HIPAA | Provider Resources | Providers | SummaCare

- Electronic Fund Transfer Form
- 835 Registration Form
- TPA Agreement
- FTP Registration Form

Claims may also be submitted directly online in Plan Central. Once logged in, click on the updates link and then claim entry. www.summacare.com/plancentral

Questions or issues regarding EFT or ERA contact the EDI helpline edisupport@summacare.com

Overpayment Recovery/Takebacks

- A takeback occurs when a claim is overpaid. As an alternative to SummaCare sending an overpayment letter, the amount overpaid is deducted from future payments.
- Eliminates paperwork in your office.
- Negative balance report carries data from one EOP to the next.
- More efficient and easy to keep track of what is due.
- Future payments to your office will be reduced until the negative balance has been eliminated.
- If balance exists after 60 days, a refund letter will be sent.
- If refund is not received within 30 days of the request, the negative balance will be forwarded to a collection agency.

If you would like to initiate the process, please send a request on your office letterhead to the following address or fax number:

Recovery Dept., c/o SummaCare, Inc.,

1200 East Market Street, Suite 400

Akron, Ohio 44305

Fax: **330.996.8490**

Questions:**contactproviderservices@summacare.com**

800.996.8401 or **330.996.8400**

***Providers may be subject to audits from outside sources.**

Payment Dispute/Claim Adjustment Request

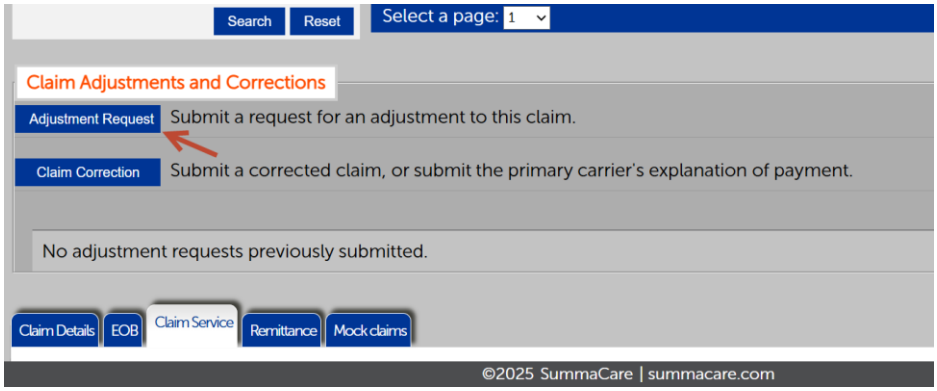
A provider dispute or claim adjustment request is a formal request for review when a provider disagrees with the outcome of a processed claim or a payment decision. This may include disagreements related to payment amounts, denials, takebacks, or other claims processing issues.

Submitting a Dispute: Providers have 60 days from the date of the remittance advice or Explanation of Payment (EOP). The dispute should include:

- A clear explanation of the issue
- Any relevant supporting documentation

To request a claim adjustment, please log in to Plan Central. If you do not have a user account, please register by clicking the registration link located on the Plan Central homepage.

After logging in, please locate your claim using the "Claim Inquiry" menu. When your search results appear, click on the claim to view the details. When you click the button titled "Adjustment Request," a window will appear with various options so we can understand why you feel your claim should be adjusted.



Resolution Timeframes

SummaCare will review and respond to provider disputes within 30 calendar days of receipt. If additional information is needed, the review period may be extended. If the claim is processed correctly, a response will be submitted back to the requestor through Plan Central. If the claim was processed incorrectly it will be forwarded to the claims department for reprocessing.

Note: A provider dispute is not the same as an appeal.

Appeals

When a request for prior authorization of a service is denied due to medical necessity, providers may appeal the denial as long as the service has not taken place.

Appeal Turnaround Time

For Commercial Fully Insured plans, **expedited pre-service** appeals are handled within 48 hours.

Standard pre-service appeals will be processed within 10 days and **post-service appeals** are handled within 30 days.

For Medicare plans expedited pre-service appeals can take up to 72 hours, standard pre-service 30 days and post-service appeals, 60 days.

For self-funded plans expedited appeals can also take up to 72 hours, standard pre-Service 15 days and post-service 30 days.

- **Do not expedite a case if it is not medically necessary.**

  SummaCare must respond with a decision prior to the expiration of timeframe.

Friday Appeal Cases

SummaCare must respond with a decision prior to the expiration of timeframe.

If the case is missing any form of documentation that requires SummaCare to reach out and your office is closed, we must respond based on the information we have on hand.

Appeals must be submitted in writing by fax, mail, email or in person. Expedited Appeals – this appeal is for urgent situations where a delay could seriously harm the enrollee's health or their ability to function – can be requested orally or in writing.

Phone: 330.996.8480

Fax: 330.996.8545

Write: ATTN: Appeals & Grievances, SummaCare, PO Box 1107, Akron, Ohio 44309-1107

Email: appeals@summacare.com

Provider Support Services

If you need assistance, please contact our Provider Support Services team through the following options:

- Phone: **330.996.8400** or toll-free **800.996.8401**

Hours of operation are Monday through Friday, 8:00am – 5:00pm. When calling, please listen to the prompts to direct your call appropriately:

Prompts:

- Pharmacy related questions
- To hear the mailing address, EDI payer ID and timely filing limits
- To request the status of authorizations, verification of benefits or eligibility
- Claim status, claim disputes and all other requests
- To speak to your Provider Engagement Specialist

You may also contact us via email at **contactproviderservices@summacare.com** for provider related inquiries or by fax at **330.996.8490.**

Provider Engagement Specialists

Our Provider Engagement Specialists are responsible for providing education and training with the SummaCare provider network. Additional services include:

- In-office provider orientation training
- Access and training to Plan Central, SummaCare's benefit-specific web portal
- Assistance with resolving complex claim issues
- Provider changes for example, if your office moves, has a new phone number, etc.
- Researching and resolving provider contract issues and hosting provider seminars
- Also, if you have an issue that you can't seem to get resolved through the Provider Support Services call center, please contact your Provider Engagement Specialist

Our goal is to build a lasting relationship between your office and SummaCare. If you need assistance reaching your assigned Provider Engagement Specialist, please email providerengagement@summacare.com.

Member Grievances

- SummaCare must respond to all member complaints (grievances) within 30 days from the receipt of the complaint.
- SummaCare is governed by the Centers for Medicare and Medicaid

Chapter 13 of the Medicare Managed Care Manual states that a complaint is any expression of dissatisfaction to a Medicare health plan, provider, facility or Quality Improvement Organization (QIO) by an enrollee made orally or in writing. This can include concerns about the operations of providers or Medicare health plans such as: waiting times, the demeanor of health care personnel, the adequacy of facilities, the respect paid to enrollees, the claims regarding the right of the enrollee to receive services or receive payment for services previously rendered.

Do not take complaints personally and please respond within 7 business days. Also, make every effort to respond thoroughly and provide medical records when necessary to support your position. Provide disclaimers signed by the patient if applicable and anything additional you feel would be helpful to resolve the complaint.

Credentialing & Re-Credentialing

To ensure the highest quality of care and patient safety, all providers must be fully credentialed and approved by SummaCare before delivering services to our members. The credentialing process verifies your qualifications, licensure, education, training and professional history. This step is essential for maintaining compliance with state and federal regulations, accreditation standards, and SummaCare's commitment to excellence in care delivery.

In accordance with regulatory and accreditation requirements, providers will be re-credentialed every three years to maintain active status within the SummaCare network.

Services rendered prior to credentialing approval or outside of your contracted networks will be denied with no member liability. Please review your contract to verify the approved networks for your office. If you need assistance, please contact your Provider Engagement Specialist or Provider Engagement at providerengagement@summacare.com.

Member Rights & Responsibilities

Please read the SummaCare Members Rights and Responsibilities carefully. These statements help ensure that members are treated by SummaCare employees and all of our contracted providers with fairness and respect. Likewise, it is important that individuals understand their responsibilities as a SummaCare member. If members do not follow these responsibilities, they may not receive all of the services or coverage to which they might otherwise be entitled. View Member Rights & Responsibilities.

Fraud Waste and Abuse

Fraud, Waste and Abuse (FWA) in healthcare continues to increase costing substantial losses and potentially affecting the integrity and financial stability of the industry. SummaCare believes our providers are an integral and important part of our program integrity work. Protecting members, providers and stakeholders through the prevention, early detection, investigation and ultimate resolution of potential FWA issues is a fundamental component of quality care and sound clinical practice. To report potential FWA, please contact the SummaCare Compliance Hotline at 800.361.3908 or 330.996.8821.

Questions

Thank you for reviewing the SummaCare Provider Orientation Manual. Understanding our policies and procedures helps ensure seamless care for our members.

If you have questions, please contact your Provider Engagement Specialist. If you do not know which specialist is assigned to your office or facility, please email providerengagement@summacare.com.

Stay Connected

Stay up to date on the latest SummaCare news by following us on social media.

SummaCare®